CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

4011

FORM C/OH
COVER SHEET PG 1

ТheC/OH інатистю	N GUDE explains how to complete this form.	1 ACCOUNT# (Ethics Commission flors)	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER NAME	TITLE FIRST	Mi	OFFICE SEONLY			
	NICKNAME LAST	Carrer SUFFIX				
4 CANDIDATE/ OFFICEHOLDER ADDRESS Change of Address	3110 Barton P		D 198 198 198 198 198 198 198 198 198 198			
6 CAMPAIGN TREASURER	TITLE FIRST	MI	Receipt #			
NAME.	NICKNAME LAST	50 - 13055	HD / PM Amount Date Processed			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	•	ZIP CODE			
ADDRESS (Residence or business)	3110 Barron					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 263-349/	EXTENSION				
8 REPORTTYPE	January 15 30th day before election		15th day after campaign treasurer appointment (officeholder only)			
0. 0000000	July 15 8th day before election		Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year THROL	Month Day UGH 04/04	Year :			
10 ELECTION	Month Day Year ELECTION TYPE O4/14/98 Primary	Runoff	General Special			
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (# known	The Mace			
13 DIRECT CAMPAIGN DEXPENDITURE BY OTHER INDIMIDUALS	 Direct campaign expenditures are campaign exper Candidates are required to disclose this information of 	nditures made by others without the can	didate's prior consent or approval			
None	Name					
additional pages	Address / PO Box; Apt. / Suite #; City; State; 2	Zip Code				
GOTOPAGE2						

CANDIDATE/OFFICEHOLDERREPORT: SUPPORT&TOTALS

FORM C/OH COVER SHEET PG2

14 COHNAME	gry Par	Ker Hughes-13455	15 ACCOUNT # (Elnics Commission flers)		
16 SUPPORTING POLITICAL COMMITTEE(S)	→ This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. →				
. ne	COMMITTEE TYPE	COMMITTEE NAME			
Hone	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NOREPORTABLE ACTIVITY	Check here if r	o reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ *******		
	4. TOTAL POLITICAL EXPENDITURES \$ 781.60				
OUTSTANDING LOANTOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 1/100 1/14/1		
9 AFFIDAVIT					
· · · · · · · · · · · · · · · · · · ·		I swear, or affirm, that the accompany includes all information required to be Election Code.			
NC S	G. E. SMITH TARY PUBLIC tate of Texas n. Exp. 05-05-2001	Mary Lauker Signature of Candida	Hughes - Ban)		
AFFIXNOTARYS	TAMP/SEALABOVE	∞ \mathcal{D} $1/\sqrt{\mathcal{D}}$			
182	ich, vitness ny hand	1 / lary larker Hughes Kosythis the 7 and seal of office.	day of April.		
Signature of officer ad	ministering cath	Print name of officer administering cath	Title of officer administering oath		

POLITICAL EXPENDITURES

SCHEDULE F

				·		
The Instruction	1 Total pages Schedule F:					
2 FILER NAME	Mary Parker Hughe	5- <i>130 5-</i> 5	3 ACCOUNT# (Ethics Commission flars)	·		
4 Date 2-28-98	5 Payee name The Home Depo 6 Payee address; City; State; Zip Code 5400 Brodie La Sunser Valley, TX	7 Amount (\$)	-			
	senditure For Political Errising Signs	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held				
Date 3-2-98	Payee name U. S. Postal Service Payee address; City; State; Zip Code 480420 Lamar 1905711. TX. 787/6	2	Amount (\$) 6 50. 7	5-		
Purpose of expenditure STAMPS		Complete if direct expanditure to benefit C/OH Candidate / Officeholder name Office sought / held				
Date 3-9-98	Payee name THAUIS COUNTY Re Payee address; City; State; Zip Code 1300 W. Koening L 1905 TIN, TX. 787	ane sure		00		
Purpose of exp ANULY Exhi	benditure Tisement a bit space	Complete if direct expe Candidate / Officeholder	enditure to benefit C/OH name Office sought /	held		
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)			
Purpose of exp	enditure	- Complete if direct exp Cendidate / Officeholder	renditure to benefit C/OH Office sought /	heid		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED						